

KENTUCKY FOOD DISTRIBUTION COMPLIANCE REVIEW FORMSite review must be completed for each school/site **prior to February 1** of each school year.

SFA/AGENCY NAME: _____

SCHOOL/SITE NAME: _____

MONITOR NAME: _____

Respond to all questions by circling YES or NO (if it does not apply write N/A)**I. STORAGE FACILITIES**

- | | | |
|--|------------|-----------|
| A. Are adequate facilities available for freezer, cooler, and dry storage? | YES | NO |
| B. Are storage areas clean, neat, and orderly? | YES | NO |
| C. Are there sufficient pallets and shelving available for stored foods? | YES | NO |
| D. Are measures taken to prevent insect & rodent infestations? | YES | NO |
| E. Services are provided by _____ How Often? _____ | | |
| a. If treatment is self-applied, is the person applying treatment certified? | YES | NO |
| b. Is a copy of the certification on file? | YES | NO |
| F. Are bi-annual health inspections being conducted? | YES | NO |
| Date of last Inspection: _____ | YES | NO |
| G. Are food items stored off the floor and away from walls to allow proper air circulation? | YES | NO |
| H. Is the First-in, First-out, by pack date, method of rotation used on all stored commodity food items? | YES | NO |
| I. Are chemicals and other non-food items stored apart from foods? | | |

III. TEMPERATURE RECORDING SYSTEM

- | | | |
|---|------------|-----------|
| A. Do all freezers, coolers, and dry storage areas have internal thermometers? | YES | NO |
| B. Do thermometers have an accurate reading? | YES | NO |
| C. Are the freezer, cooler, and dry storage temperatures checked and recorded on a daily basis? | YES | NO |
| D. Are temperatures within recommended range? | YES | NO |

IV. RECORD KEEPING

- | | | |
|---|------------|-----------|
| A. Does the Manager receive a copy of the D'3 (or a substitute) prior to delivery? | YES | NO |
| B. Are copies of the D'3 form on file? | YES | NO |
| C. Are all commodity invoices signed and submitted to the Food Service Director in a timely manner? | YES | NO |
| D. Are shortages and / or overages of deliveries noted on the invoice, was the Food Service Director contacted? | YES | NO |
| E. Are records maintained 3 years plus the current year? | YES | NO |

Any NO response requires CORRECTIVE ACTION and FOLLOW-UP REVIEW within 45 days.

Describe corrective action taken if required: _____

Date corrective action completed: _____

Date follow-up review: _____

Monitor Signature: _____ Date: _____

ON-SITE ACCUCLAIM REVIEW FORM

National School Lunch Program

Site monitoring must be completed for each school/site prior to February 1st of each year. *

SFA/AGENCY NAME: _____

SCHOOL/SITE NAME: _____

MONITOR NAME: _____ DATE: _____

Respond to all questions by circling YES or NO.

I. WRITTEN COLLECTION PROCEDURES

A. Is a copy of the written procedure describing count system and money collection available on-site? YES NO

B. Are the count procedures used at the site the same as those described in the written procedure? YES NO

II. CRITERIA FOR ADEQUATE MEAL COUNTING SYSTEM

A. Does the system provide accurate counts of the number of reimbursable free, reduced-price and paid meals served to eligible children on a daily basis? YES NO

B. Does the system record and report those counts accurately to the agency? YES NO

C. Does the system prevent overt identification of the eligible needy? YES NO

Any NO response requires CORRECTIVE ACTION and FOLLOW-UP review within 45 days.

Describe corrective action taken if required:

Monitor Signature: _____

DATE: _____

Date follow-up review: _____

Date corrective action completed: _____